Health Priority: Access to Primary and Preventive Health Services
Objective 2: System Infrastructure Capacity for Prevention

Long-term (2010) Subcommittee Outcome Objective: By 2010, increase the public health system infrastructure capacity (data systems, service delivery, and workforce) to assure population access to clinical and community preventive health services.

Inputs	Outputs		Outcomes		
	Activities	**Participation/ Reach**	**Short-term 2002-2004**	**Medium-term 2005-2007**	**Long-term 2008-2010**
Policy change Workgroup comprised of sustained and dedicated staff time. Additional resources to support analysis and technology. Layout, design, and create web-ready formats to display and use the data/information. Coordination of public-private systems and data. Collaborative leadership between the public health disciplines. At least three meetings a year from the Workgroup. Education for health professions students, providers, and policymakers.	**Component I:** Collaborative leadership to compile data and information on preventable hospitalizations. Work will be linked to the Minimum Data Set to be prepared through the collaborative efforts. Hold meetings of the Workgroup to track success on the objective with a report on the initial progress. Document health disparities for many preventable conditions. Publish hospitalization and health disparity data in useable formats. **Component II:** Increase access to information on "evidenced-based" preventive health services. Provide information on community preventive services. Create and/or establish incentives to integrate the use of evidence-based preventive health services.	Public health system partners Local health departments Tribes Epidemiologists and science-based professionals Chief Medical Officers in the Division of Public Health Wisconsin Primary Health Care Association Community Health Centers Wisconsin Public Health Data System Steering Committee Public Health Advisory Committee	**Component II:** By January 1, 2004, information on evidence-based preventive health services for consumers, providers, and policymakers will be available using distance technology. By January 1, 2004, information on evidence-based preventive health services for populations will be available, including web links.	**Component I** By January 1, 2006, data on preventable hospitalizations across population groups (e.g., pediatric asthma hospitalizations, Type I and Type II diabetes, alcohol and other drug abuse, older adult pneumonia) will be accessible on the DHFS web site. **Component II:** By January 1, 2006, information on effective service delivery strategies to implement evidence-based preventive health care will be available on linked partner web sites. By January 1, 2006, Wisconsin specific information on evidence-based clinical preventive services for patients will be available to providers, purchasers, consumers, and policymakers (including those located on partner web sites). By January 1, 2006, the Workgroup will produce an interim report on moving toward	**Component II:** By January 1, 2008, incentives to integrate the use of evidence-based preventive health services will be identified and there will be implementation in contracts, granting, and insurance coverage of preventive services. By January 1, 2008, continuing education on evidence-based preventive health services will be available for all public health system workers.

Health Priority: Access to Primary and Preventive Health Services
Objective 2: System Infrastructure Capacity for Prevention

Inputs	Outputs		Outcomes		
	Activities	**Participation/ Reach**	**Short-term 2002-2004**	**Medium-term 2005-2007**	**Long-term 2008-2010**
	Component II (continued): Provide information and training/ education on effective service delivery strategies to implement evidence-based preventive health care. Compile patient-based preventive health services information. Conduct research on evidence-based preventive health services. Develop health professions' education curricula. Produce a final report on progress toward subobjectives and continuing efforts to improve access and the effectiveness of preventive services and clinical care in the State of Wisconsin. Provide continuing education on evidence-based preventive health services. **Component III:** Compile and make available data on the provision of preventive health services. Compile and make available data on community-based preventive services. Compile and make available data from selected preventive health services received by consumers.	Professional groups Professional associations Institutions of higher education and technical colleges Health employers Wisconsin Department of Health and Family Services' Divisions, Offices, and Bureaus State and local policymakers Purchasers and insurers Provider groups Consumers		**Component II (continued):** this objective that will be sent through the Division Administrators of both the Division of Public Health and the Division of Health Care Financing for the Secretary of the Department of Health and Family Services to review. By January 1, 2006, the curricula of all health professions education programs will include a focus on evidence-based preventive health services. By January 1, 2007, research on evidence-based preventive health services will be available to providers, purchasers, consumers, and policymakers on public health system partner web sites. **Component III:** By January 1, 2006, DHFS will assure that aggregate data on the provision of community-based preventive health services will be available (including web-accessible). By January 1, 2006, DHFS will assure that aggregate data on consumer use of selected preventive health services (from population surveys) will be available (including web accessible).	**Component III:** By January 1, 2008, aggregate data on the provision of selected preventive health services for Medicaid, Medicare, and privately insured populations will be available (including web accessible).

Health Priority: Access to Primary and Preventive Health Services
Objective 2: System Infrastructure Capacity for Prevention

Long-term (2010) Subcommittee Outcome Objective:

By 2010, increase the public health system infrastructure capacity (data systems, service delivery, and workforce) to assure population access to clinical and community preventive health services.

Wisconsin Baseline	Wisconsin Sources and Year
None. This is a developmental objective.	Not available.

Federal/National Baseline	Federal/National Sources and Year
Not available.	Potential sources – National Conference of State Legislatures; Association of State and Territorial Health Officials; National Association of County and City Health Officials.

Related USDHHS Healthy People 2010 Objectives			
Chapter	**Goal**	**Objective Number**	**Objective Statement**
1 – Access to Quality Health Services	Improve access to comprehensive, high-quality health care services.	1-3	Increase the proportion of persons appropriately counseled about health behaviors.
1 – Access to Quality Health Services	Improve access to comprehensive, high-quality health care services.	1-7	(Developmental) Increase the proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention.
23 – Public Health Infrastructure	Ensure that Federal, Tribal, State, and local health agencies have the infrastructure to provide essential public health services effectively.	23-12	Increase the proportion of Tribes, States, and the District of Columbia that have a health improvement plan and increase the proportion of local jurisdictions that have a health improvement plan linked with their State plan.
23 – Public Health Infrastructure	Ensure that Federal, Tribal, State, and local health agencies have the infrastructure to provide essential public health services effectively.	23-15	(Developmental) Increase the proportion of Federal, Tribal, State, and local jurisdictions that review and evaluate the extent to which their statutes, ordinances, and bylaws assure the delivery of essential public health services.

Definitions	
Term	**Definition**
Preventive health services	Includes both clinical preventive services (patient-focused) and community preventive services (population-focused). Preventive services can encompass three types of prevention: (1) preventing the disease (primary prevention); (2) detecting and controlling disease early (secondary prevention); and (3) producing the best outcomes in those with an established disease or in rehabilitation (tertiary prevention). (Last and Wallace, 1998)
Clinical preventive services (patient-focused)	"Common screening tests, immunizations, risk assessment, counseling about health risk behaviors, and other preventive services routinely delivered in the clinical setting for the primary prevention of disease or for the early detection of disease in persons with no symptoms of illness." (DHHS, January 2000). As was noted above, it is also defined here to include tertiary preventive services to prevent the complications of existing clinical illnesses.
Community preventive services	"Public health interventions to reduce illness, disability, premature death, and environmental hazards that impair community health and quality of life." (Truman, January supplement 2000).
Evidence-based practice	The development, implementation, and evaluation of effective programs and policies in public heatlh through application of principles of scientific theory and program planning models. (Brownson, 2003)
Public health system infrastructure capacity	Public health system infrastructure capacity includes three infrastructure components: (1) health data systems; (2) delivery of preventive health services; and (3) health workforce education. These are essential supports for the public health system. The definition for the public health system is the same as that used in *Healthiest Wisconsin 2010,* and includes the public, private, and voluntary sectors of the health care system. The three infrastructure components are described in more detail in the activities for this objective.
Public health system partners	Public health system partners are organizations and individuals who have an interest in the health of a community's population. As a group, partners should include consumers, providers, businesses, government, and other relevant sectors of the community (adopted from the Institute of Medicine, 1997). Special efforts should be made to include nontraditional partners, such as churches, service groups, representatives from populations that bear a disproportionate burden of illness, school districts, etc.

Rationale:

- This objective is truly a call for action to increase the public health system capacity (e.g., data systems, service delivery, workforce) to assure population access to effective clinical and community preventive health services. It is important to delineate that a central focus of this objective is to ensure vigorous and sustained efforts are promoted to assure access for all Wisconsin residents. This must be done in concert with many public health, health system, and community partners.

- Prevention is important. Like in all states, Wisconsin has an aging population that will be at higher risk for chronic diseases and other disease states. The U.S. Census estimates that by the year 2020 more than 1 in 5 U.S. residents will be elderly. Aging populations are at higher risk for cancers, heart disease, diabetes, and other illnesses (Rumm, Queenan, Carty, Taylor, 2000).
- Data and information from survey research show that Wisconsin residents face risk factors for chronic disease, suffer mental health problems, and face high rates of diseases like stroke and arthritis. Our state needs to improve in targeted areas of screening for health risks. Ethnic and racial minority populations often experience great disparities in health outcomes and health screening rates and may not have equal insurance coverage. (Department of Health and Family Services-Behavioral Risk Factor Survey)
- There is a growing consensus that many prevention services are cost-effective on both an individual and population scale. Assuring access to effective prevention services is essential and requires adequate system capacity and infrastructure. (Haddus, l996; Weinstein, 2003)
- According to the U.S. Institute of Medicine, less than one-half of the patients in the nation are properly screened and treated for hypertension, depression, asthma, and diabetes. (Institute of Medicine, 2001) This is despite widespread advocacy, education, and availability of preventive screening and disease management guidelines. Among the most applicable to public health are the Guidelines of the U.S. Preventive Services Taskforce which are based on a thorough review of all available literature for over a hundred conditions and the U.S. Centers for Disease Control and Prevention's *Guide to Community Preventive Services.* Guidelines such as these must be understood and incorporated into the day-to-day practice of public health and health care providers.

Outcomes:

Component I: Preventable Hospitalizations

Medium-Term Outcome Objectives (2005-2007)

By January 1, 2006, data on preventable hospitalizations across population groups (e.g., pediatric asthma hospitalizations, Type I and Type II diabetes, alcohol and other drug abuse, older adult pneumonia) will be accessible on the DHFS web site.

Inputs: *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- Policy change for preventable hospitalization data analysis.
- Workgroup comprised of sustained and dedicated staff time from the Division of Public Health, the Division of Health Care Financing, and public health system partners such as the University of Wisconsin Department of Population Health, the Medical College of Wisconsin Division of Preventive Medicine, the Marshfield Clinic, MetaStar, the Great Lakes Inter-Tribal Council Epidemiology Office, and interested private and nonprofit agencies.
- Additional resources to support analysis and technology.
- Layout, design, and create web-ready formats to display and use the data/information.
- Coordination of public-private data systems.
- Collaborative leadership between the public health disciplines.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach - community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Preventable Hospitalization Data – The Bureau of Health Information, Division of Health Care Financing, in partnership with epidemiologists, the Chief Medical Officers, and the Minority Health Officer in the Division of Public Health will provide collaborative leadership to compile data and information on preventable

hospitalizations. This will be placed on a DHFS web site. Key parameters will include, but will not be limited to, rates of pediatric asthma hospitalizations, admissions of adult diabetes, admissions for alcohol and other drug abuse, and rates of adult pneumonia and influenza linked to vaccination rates.

- This work will be linked to the Minimum Data Set to be prepared through the collaborative efforts of the Wisconsin Public Health Data System Steering Committee and the Public Health Advisory Committee. This will include measuring progress and outcomes for *Healthiest Wisconsin 2010*.
- Hold at least three meetings a year of the Workgroup to track success on the objective with a report on the initial progress.
- Document health disparities for many preventable conditions that consider the parameters of age, sex, race/ethnicity, rural/urban, and socioeconomic status.
- Publish hospitalization and health disparity data in useable formats that display this data at the county/municipality, regional, and statewide levels using hard copy, web-based, and the Health Alert Network (HAN).

Participation/Reach

- Public health system partners
- Policymakers
- Purchasers and insurers
- Provider groups

Component II: Evidence-Based Practice

Short-Term Outcome Objectives (2002-2004)

- By January 1, 2004, information on evidence-based preventive health services for consumers, providers, and policymakers will be available using distance technology.

- By January 1, 2004, information on evidence-based preventive health services for populations will be available, including web links. This will include a link to www.healthfinder.gov (DHHS web site), and to the National Guideline Clearinghouse (NGC), a public resource for evidence-based clinical practice guidelines. The NGC is sponsored by the U.S. Agency for Healthcare Research and Quality (formerly the U.S. Agency for Health Care Policy and Research) in partnership with the American Medical Association and the American Association of Health Plans. (This URL can be accessed at http://www.guideline.gov/index.asp).

Medium-Term Outcome Objectives (2005-2007)

- By January 1, 2006, information on effective service delivery strategies to implement evidence-based preventive health care will be available on linked partner web sites.
- By January 1, 2006, Wisconsin specific information on evidence-based clinical preventive services for patients will be available to providers, purchasers, consumers, and policymakers (including those located on partner web sites).
- By January 1, 2006, the Workgroup will produce an interim report on moving toward this objective that will be sent through the Division Administrators of both the Division of Public Health and the Division of Health Care Financing for the Secretary of the Department of Health and Family Services to review.
- By January 1, 2006, the curricula of all health professions education programs will include a focus on evidence-based preventive health services.

- By January 1, 2007, research on evidence-based preventive health services will be available to providers, purchasers, consumers, and policymakers on public health system partner web sites.

Long-Term Outcome Objective (2008-2010)

- By January 1, 2008, incentives to integrate the use of evidence-based preventive health services will be identified and there will be implementation in contracts, granting, and insurance coverage of preventive services.
- By January 1, 2008, continuing education on evidence-based preventive health services will be available for all public health system workers.

Inputs: *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- Workgroup comprised of sustained and dedicated staff time from the Division of Public Health, the Division of Health Care Financing, and public health system partners such as the University of Wisconsin Department of Population Health, the Medical College of Wisconsin Division of Preventive Medicine, the Marshfield Clinic, MetaStar, the Great Lakes Inter-Tribal Council Epidemiology Office, and interested private and nonprofit agencies.
- Additional resources to support analysis and technology.
- Layout, design, and create web-ready formats to display and use the data/information.
- Policy change.
- At least three meetings a year from the Workgroup.
- Education for providers, consumers, and policymakers.
- Education for health professions students, providers, and policymakers.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach - community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Increase access to information on "evidenced-based" preventive health services. Public health system partners will collaborate to use distance technology to increase access to information on evidence-based preventive health services for consumers, providers, and policymakers.
- Provide information on community preventive services. The Workgroup of the Division of Public Health, the Division of Health Care Financing, and its community research partners will collaborate with other public health system partners to compile and make available information on evidence-based preventive health services for populations. These will be linked with *Healthiest Wisconsin 2010* priorities for public health providers, health care purchasers, and policymakers.
- Create and/or establish incentives to integrate the use of evidence-based preventive health services. Public health system partners and policymakers will collaborate with the Office of the Insurance Commissioner to implement financial incentives to increase the use of evidence-based preventive health services in public, private, and voluntary health care programs (e.g., covered or contracted services, performance expectations, foundation granting). These will be linked with *Healthiest Wisconsin 2010* priorities. (Coffield, July 2001; and Truman, January 2000)
- Provide information and training/education on effective service delivery strategies to implement evidence-based preventive health care. Identify and disseminate information on effective service delivery strategies to implement evidence-based preventive health care (Coffield, July 2001, and Truman, January 2000). These will be linked with *Healthiest Wisconsin 2010* priorities. These are most notably "Local and Statewide

Public Health System Partnerships" and "Community Health Improvement Processes and Plans" and will be available on an ongoing basis.

- Compile patient-based preventive health services information. The Workgroup will collaborate to compile and make available information on evidence-based clinical preventive services (patient-focused) for health providers, health care purchasers, and policymakers. (Coffield, July 2001) They will ensure that these are linked with *Healthiest Wisconsin 2010* priorities.
- Conduct research on evidence-based preventive health services. Wisconsin public health system partners will collaborate with academic and other research institutions to expand and make available research on evidence-based preventive health services for direct patient care and population health care (Coffield, July 2001; Truman, January 2000), and that are linked with *Healthiest Wisconsin 2010* priorities.
- Develop health professions' education curricula. Health professions education programs and Area Health Education Centers will collaborate with other public health system partners to develop and implement a process to increase provided current experiences on evidence-based preventive health services for all health professions' students (classroom and clinical experiences).
- Produce a final report on progress toward subobjectives and continuing efforts to improve access and the effectiveness of preventive services and clinical care in the State of Wisconsin. After Departmental review, this will be posted on the DHFS web site.
- Provide continuing education on evidence-based preventive health services. The Workgroup with many partners including the Area Health Education Centers, provider groups, and academic programs will collaborate with other public health system partners to increase access to continuing education on evidence-based preventive health services for all public health workers. This should include using distance technology for training and dissemination of offerings, expanding inter-disciplinary training/education, and partnerships among training programs, employers, and public health programs.

<u>Participation/Reach</u>

- Local health departments
- Tribes
- Epidemiologists and science-based professionals
- Chief Medical Officers in the Division of Public Health
- Wisconsin Primary Health Care Association
- Community Health Centers
- Wisconsin Public Health Data System Steering Committee
- Public Health Advisory Committee
- Professional groups (e.g., physicians, nurses, dentists, health educators, nutritionists)
- Professional associations (e.g., Wisconsin Public Health Association, Wisconsin Association of Local Health Departments and Boards, Wisconsin Environmental Health Association, Wisconsin Medical Society, Wisconsin Association of Health Plans, Wisconsin Nurses Association, Wisconsin Health Education Network, Wisconsin Dietetic Association)
- Institutions of higher education and technical colleges
- Health employers
- Wisconsin Department of Health and Family Services' Divisions, Offices, and Bureaus
- State and local policymakers

- Purchasers and insurers
- Provider groups
- Consumers

Component III: Public Health Data System

Medium-Term Outcome Objectives (2005-2007)

- By January 1, 2006, DHFS will assure that aggregate data on the provision of community-based preventive health services will be available (including web-accessible).
- By January 1, 2006, DHFS will assure that aggregate data on consumer use of selected preventive health services (from population surveys) will be available (including web accessible).

Long-Term Outcome Objectives (2008-2010)

- By January 1, 2008, aggregate data on the provision of selected preventive health services for Medicaid, Medicare, and privately insured populations will be available (including web accessible).

Inputs: *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- Workgroup comprised of sustained and dedicated staff time from the Division of Public Health, the Division of Health Care Financing, and public health system partners such as the University of Wisconsin Department of Population Health, the Medical College of Wisconsin Division of Preventive Medicine, the Marshfield Clinic, MetaStar, the Great Lakes Inter-Tribal Council Epidemiology Office, and interested private and nonprofit agencies.
- Additional resources to support analysis and technology.
- Layout, design, and create web-ready formats to display and use the data/information.
- Policy change.
- System coordination between private and public providers.
- Collaborative leadership between the public health disciplines.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach - community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Data on the provision of preventive health services. In coordination with the DHFS-led Workgroup, the Division of Health Care Financing and the Medicare Quality Improvement contractors will collaborate with other public health system partners to compile and make available data on the provision of selected preventive health services for the state and counties.
- Community-based preventive services data. The Division of Public Health will collaborate with other public health system partners to compile and make available data on the provision of community-based preventive health services for the state and counties.
- Data on consumer use of preventive health services. The Divisions of Public Health and Health Care Financing will collaborate with other public health system partners to compile and make available data from population surveys on selected preventive services received by consumers (state and county).

Participation/Reach

- Local health departments

- Epidemiologists and science-based professionals
- Chief Medical Officers in the Division of Public Health
- Wisconsin Primary Health Care Association
- Community Health Centers
- Wisconsin Public Health Data System Steering Committee
- Public Health Advisory Committee
- Professional groups (e.g., physicians, nurses, dentists, health educators, nutritionists)
- Professional Associations (e.g., Wisconsin Public Health Association, Wisconsin Association of Local Health Departments and Boards, Wisconsin Environmental Health Association, Wisconsin Medical Society, Wisconsin Association of Health Plans, Wisconsin Nurses Association, Wisconsin Health Education Network, Wisconsin Dietetic Association)
- Institutions of higher education and technical colleges
- Health employers
- Wisconsin Department of Health and Family Services' Divisions, Offices, and Bureaus
- State and local policymakers
- Purchasers and insurers
- Provider groups
- Consumers

Evaluation and Measurement

Since the science and art of evidence-based medicine is fairly recent, it will be vitally important to evaluate and assure that the multiple efforts listed above are begun and sustained. According to the Agency for Health Care Research and Quality, evaluation steps are a crucial part of the five steps of evidence-based practice and policies that will also include assuring access to such services: (1) translating information needs into an answerable question; (2) searching for the evidence; (3) appraising that evidence; (4) using the evidence in the actual care of patients or for policy decisions; and (5) evaluating the results of using the evidence. (Richardson, 1998)

To sustain these steps and to assure effective preventive services and access to them, it will be vital to form a DHFS Workgroup that bridges both the Division of Public Health and the Division of Health Care Financing. Critically important in this task is to bring in outside experts to help provide expertise, such as that available the University of Wisconsin Department of Population Health, MetaStar, the Medical College of Wisconsin Division of Preventive Medicine, and the Marshfield Clinic.

DHFS will have to identify the financial resources to staff and sustain all required Workgroup efforts as a key priority. It will require substantial state employee time and outside consultant time to evaluate accessibility and effectiveness of prevention for many disease states.

There are several potential data sources that could be modified to help measure progress towards achieving this long-term public health system infrastructure capacity objective. Some of these will be disease specific (e.g., asthma, diabetes, heart disease) and others will need to look at broader measures of preventive services (e.g., access to screens, overall quality of care). There will be other key data collection systems that will be reviewed to identify the inclusion of data elements related to selected preventive services: population surveys for consumer reports of receipt of preventive services (e.g., Family Health Survey and the Behavioral Risk Factor Survey), and provider reporting of preventive

services delivery and billing (e.g., Physician Office Visit Data, Medicaid claims data, and Medicare claims data).

There are partners who could bring data sources to the table. Both medical schools are receiving large endowments from the Blue Cross/Blue Shield disbursement for public health. Efforts are underway at both schools (especially, the University of Wisconsin) to help build robust data systems to link ambulatory, hospital, and other key encounter data.

MetaStar (as was mentioned previously) has huge expertise in Medicare data, with also some in-house expertise on Medicaid and other state and federal quality programs. They are currently working on a special project to increase lipid screening and management in the counties in Wisconsin that comprise 90 percent of the African-American population.

The Wisconsin Diabetes Program and other programs are tracking improvement in health plan data with HEDIS™ and other measures of quality.

The Wisconsin Medicaid and the DPH asthma program are designing efforts to increase surveillance, screening, and proper care of patients with asthma on a statewide basis.

The Wisconsin Primary Care Association and the Health Services Resources Administration are working on increasing data collection at the state and federal levels in many clinics.

The Great Lakes Inter-Tribal Council has active epidemiologists tracking improvements in diabetes and asthma, and this organization is expanding data collection and disease management efforts to other disease states.

The Wisconsin Medical Society has an active research component that has looked at quality of access and screening for conditions such as diabetes, asthma, and colorectal cancer.

The Wisconsin's SeniorCare Program was granted a federal pilot program on the basis that improved drug coverage in seniors would lead to decreased federal Medicare expenditures in seniors in future years through better disease management (secondary prevention) and data collection efforts will be underway to study the effectiveness this hypothesis.

The Wisconsin Health Alliance serves many small companies as a portal to insurance and has an active data collection effort on hospital and out-patient quality.

Health professions' education curricula and continuing education offerings will also be reviewed to identify the inclusion of content related to preventive health services. Finally, it will be necessary to work with the development of an integrated data system in the state to track some local and statewide models of evidence-based medicine.

Members of the Wisconsin Public Health Data System Steering Committee should be members of the Workgroup that will evaluate and assess compliance with the goal to increase the public health system capacity (data systems, service delivery, and workforce) to assure population access to clinical and community preventive health services.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Integrated Electronic Data and Information Systems: Preventable hospitalization data; integration of preventive health services data elements into the public health data system; provider data on provision of preventive health services; data on the provision of community-based preventive health services; and population data on receipt of preventive health services.

Community Health Improvement Processes and Plans: Disseminate information on community preventive services. Expand incentives to integrate preventive health services into service delivery and contracts. Disseminate information on strategies to implement evidence-based preventive health services. Disseminate information on clinical preventive services for patient care. Disseminate research on evidence-based preventive health services.

Sufficient, Competent Workforce: Provide continuing education on evidence-based preventive health services and integrate into health professions' education curricula.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Because this objective targets strengthening the public health system infrastructure to focus on evidence-based preventive services, the output activities address many of the 12 essential services.

Monitor health status to identify community health problems: Preventable hospitalization data; preventive health services data elements added to public health data system; provider data on the provision of preventive health services; data on the provision of community-based preventive health services; and population data on consumer receipt of preventive health services.

Educate the public about current and emerging health issues: Disseminate information concerning preventable hospitalization data and information about community preventive services and clinical preventive services for patients.

Create policies and plans that support individual and community health efforts: Disseminate information on community preventive services. Expand incentives to integrate preventive health services into service delivery and contracts. Disseminate information on strategies to implement evidence-based preventive health services. Disseminate information on clinical preventive services for patient care. Disseminate research on evidence-based preventive health services.

Link people to needed health services: Disseminate information on community preventive services. Expand incentives to integrate preventive health services into service delivery and contracts. Disseminate information on strategies to implement evidence-based preventive health services. Disseminate information on clinical preventive services for patient care. Disseminate research on evidence-based preventive health services.

Assure a diverse, adequate, and competent workforce to support the public health system: Provide continuing education on evidence-based preventive health services and integrate into health professions' education curricula.

Evaluate effectiveness, accessibility, and quality of personal and population-based health services: Preventable hospitalization data; integration of preventive health services data elements into the public health data system; provider data on provision of preventive health services; data on provision of

community-based preventive health services; and population data on receipt of preventive health services.

Conduct research to seek new insights and innovative solutions to health problems: Disseminate research on evidence-based preventive health services.

Assure access to primary health care for all: All the outputs address this essential public health service.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

This objective and outputs (activities) have strong connections to all of the overarching goals in *Healthiest Wisconsin 2010.*

Protect and promote the health of all: The outputs focus on increasing access to evidence-based preventive health services for the population as a whole and for individual patients.

Eliminate health disparities: The outputs include infrastructure actions to increase access to preventive services across subpopulations that currently have disparities in access or health status (e.g., age, gender, race/ethnicity, rural/urban, income).

Transform Wisconsin's public health system: This objective is focused on infrastructure actions (e.g., data capacity, service delivery, workforce development) and identifies potential state and local partnerships for implementation (public, private, voluntary, health care networks, provider groups, insurers, academic programs, researchers, and others).

Key Interventions and/or Strategies Planned:

- Compile and make available data on preventable hospitalizations across population groups.
- Compile and disseminate information on evidence-based and population-based preventive health services that are linked with State Health Plan priorities.
- Implement financial incentives to increase the use of evidence-based preventive health services in public, private, and voluntary health care programs.
- Form a workgroup composed of both DHFS and external partners to broadly and effectively study the effectiveness of state and community preventive efforts and to document them on a DHFS web site to facilitate a climate of continual process of quality improvement on a local and statewide level.
- Incorporate data elements that measure access to clinical and population-based preventive health services into the integrated public health data system.
- Compile and disseminate information on evidence-based and patient-based preventive health services that are linked with *Healthiest Wisconsin 2010* priorities.

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